



DCPC Addressing Health Disparity: The NBCCEDP

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CDC's Cancer Programs

- National Breast and Cervical Cancer Early Detection Program
- National Comprehensive Cancer Control Program
- National Program of Cancer Registries
- Colorectal Cancer Prevention and Control Initiatives
- Hematologic Cancer Initiatives
- Lung Cancer Initiatives
- Ovarian Cancer Control Initiatives
- Prostate Cancer Control Initiatives
- Skin Cancer Primary Prevention and Education Initiatives



Cancer Prevention and Early Detection

Notables:

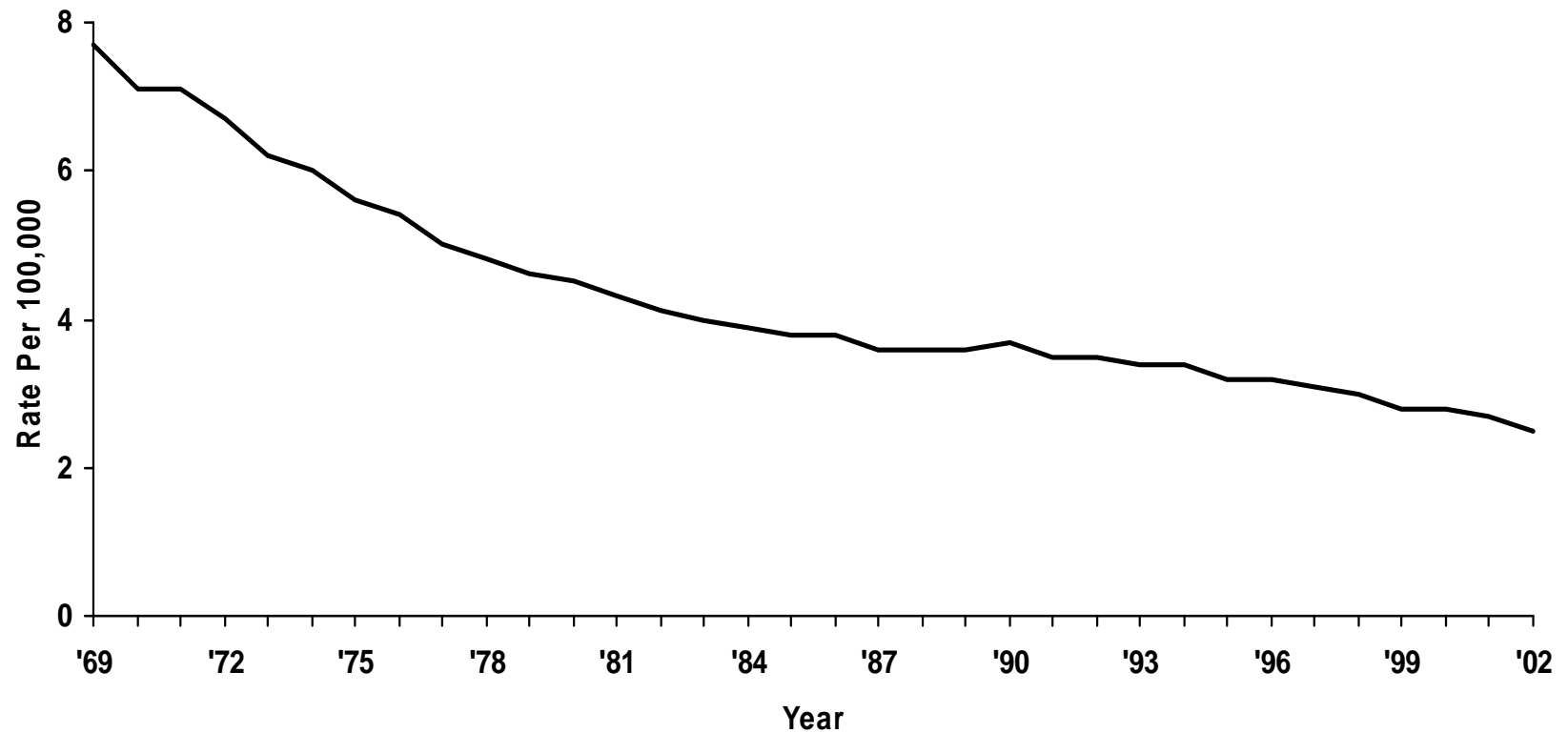
- Cervical cancer was once the leading cause of death for women in the United States. ¹
- Breast cancer mortality continues to decline. This decrease is largely attributable to increased mammography screening. ²

¹Ries L, Eisner M, Kosary C, et al. *SEER Cancer Statistics Review, 1975-2000*: National Cancer Institute; 2003.

²American Cancer Society. *Cancer Facts and Figures 2005*)

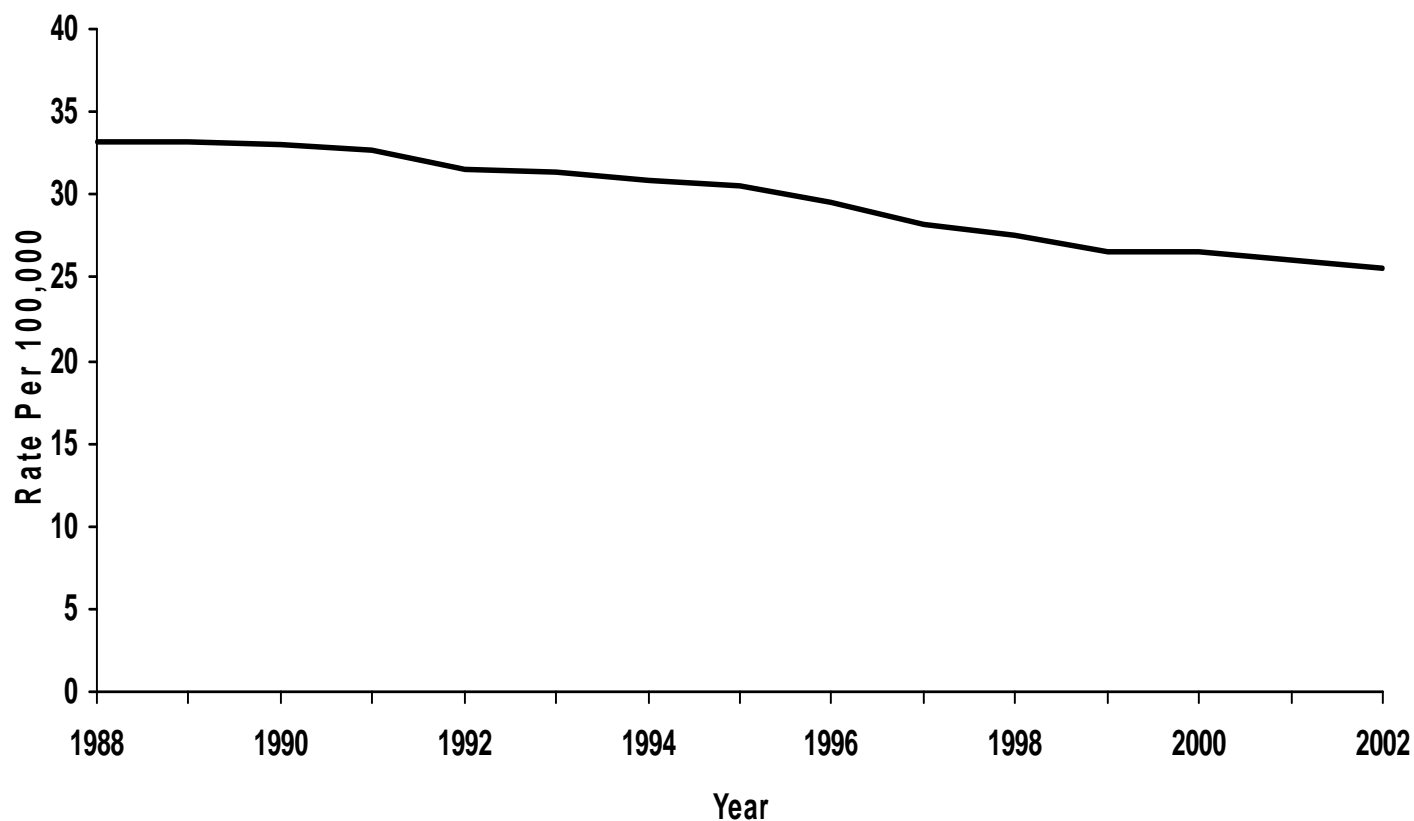
³Underlying mortality data provided by NCHS (www.cdc.gov/nchs)

Cervical Cancer (Invasive) -- U.S. Death Rates*, 1969-2002



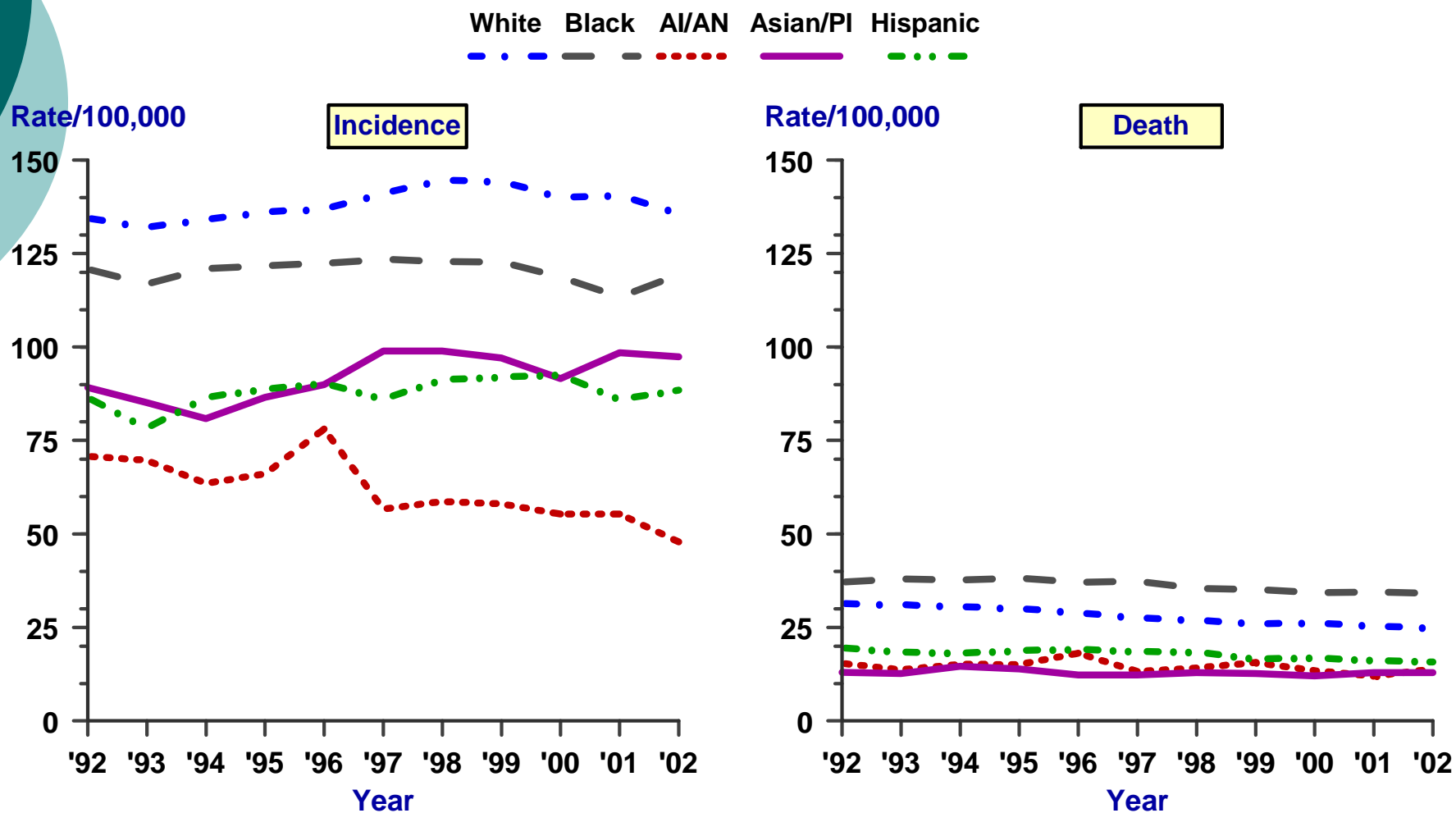
*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.
Source: Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

Female Breast Cancer (Invasive) -- U.S. Death Rates*, 1988-2002



*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.
Source: Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

Female Breast Cancer: SEER Incidence and Death Rates* By Race/Ethnicity; 1992-2002

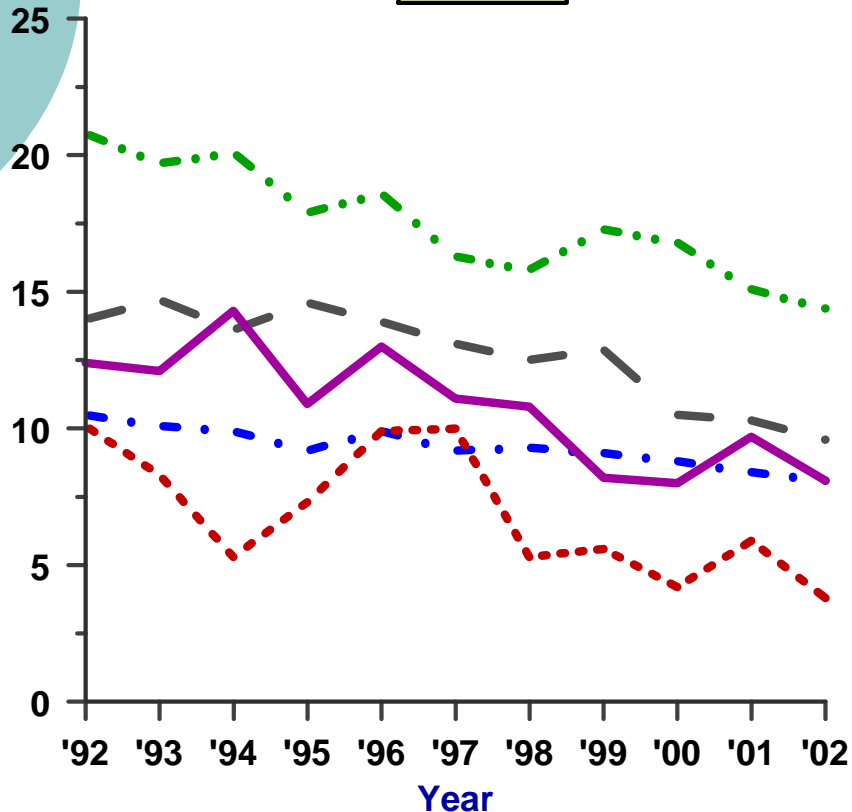


Cervical Cancer: SEER Incidence and U.S. Death Rates* By Race/Ethnicity; 1992-2002

White Black AI/AN Asian/PI Hispanic

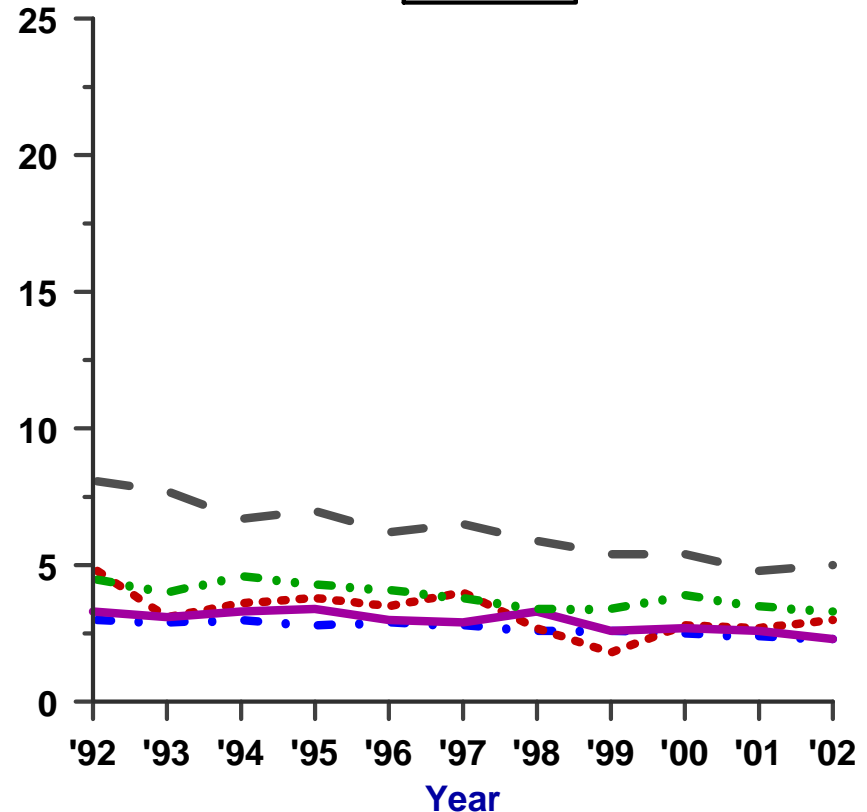
Rate/100,000

Incidence

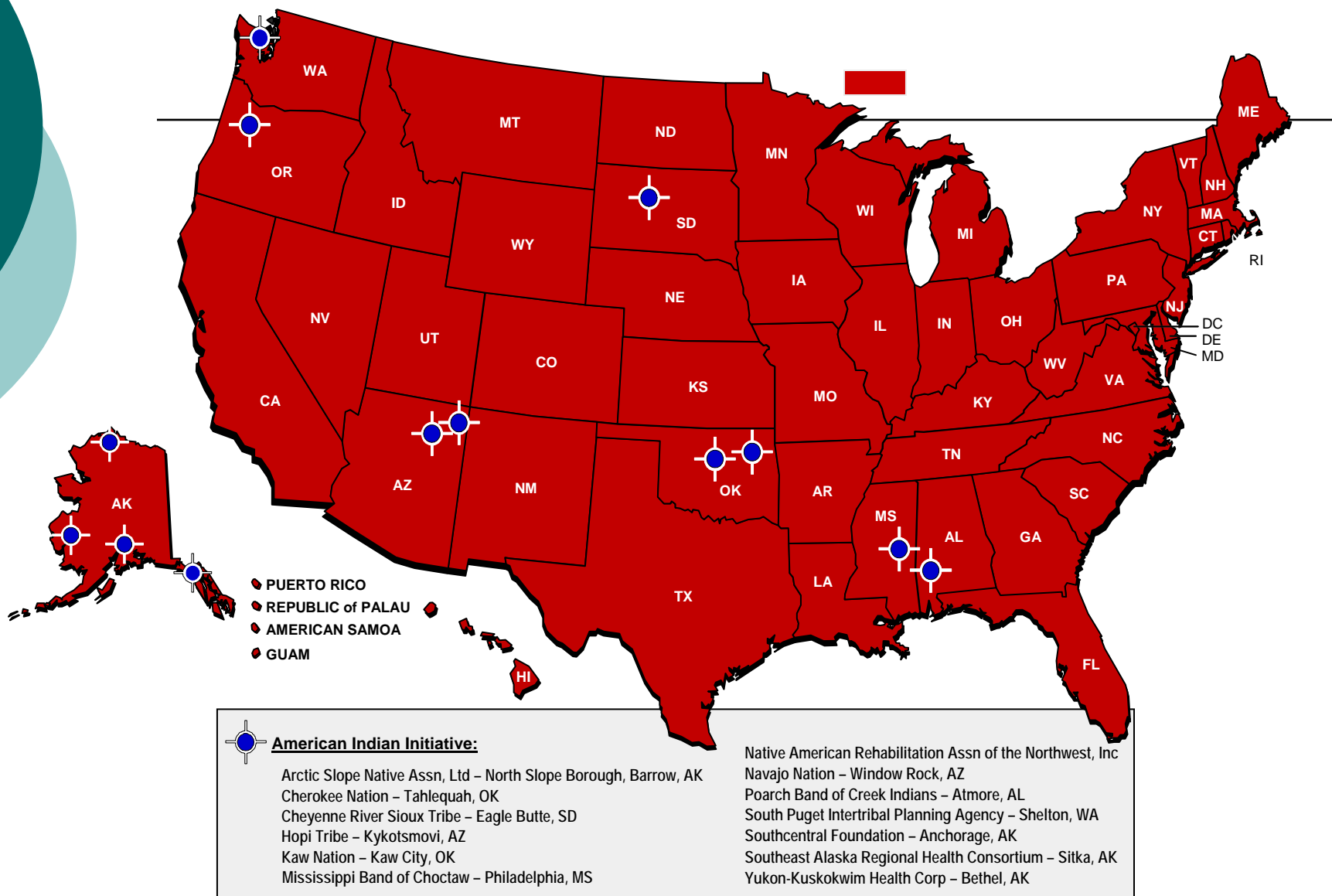


Rate/100,000

Death

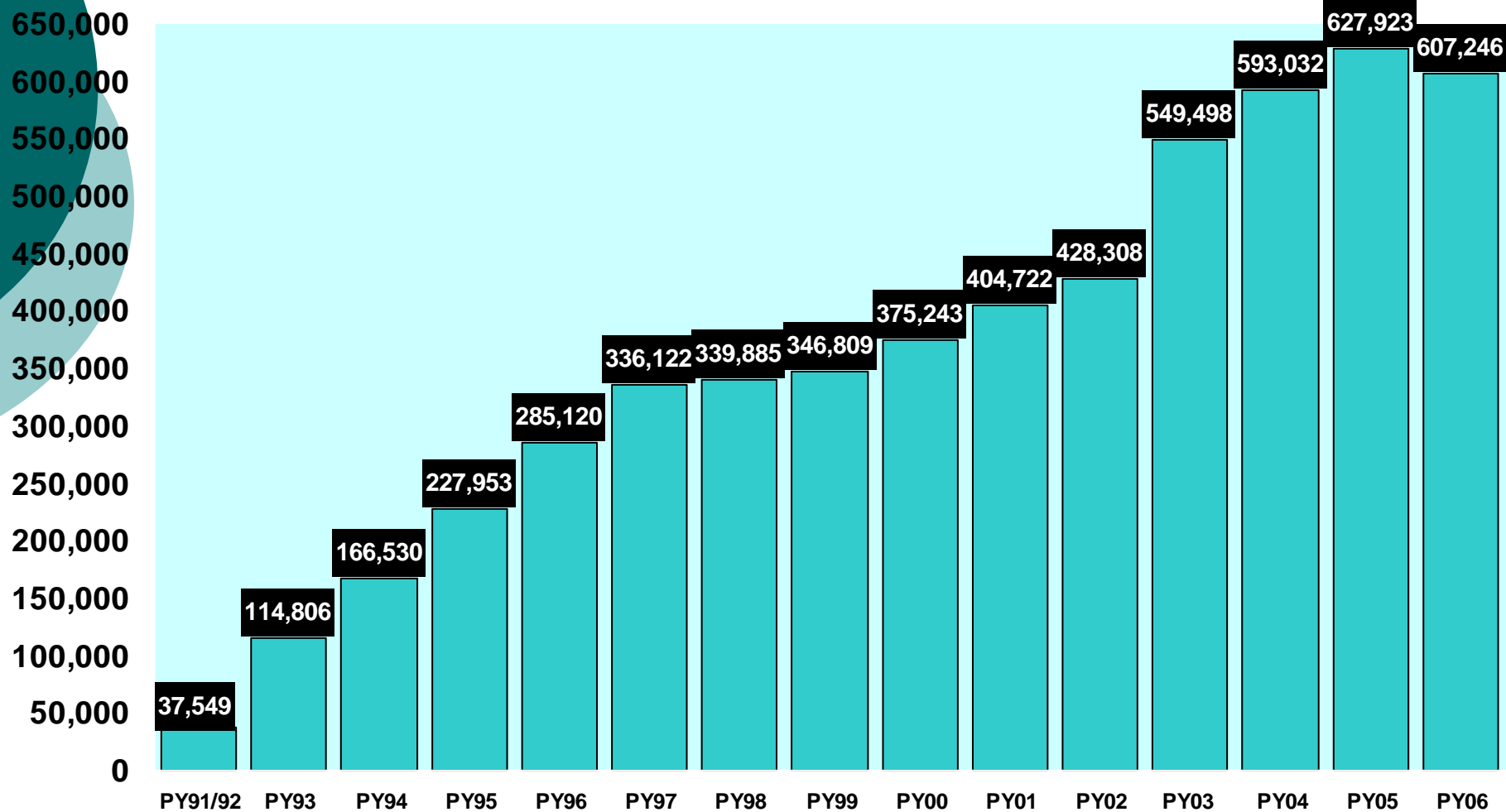


National Breast and Cervical Cancer Early Detection Program



June 30, 2005

Number of Women Screened by NBCCEDP Fiscal Years 1991-2006



Total Number of women ever screened = 2,902,445

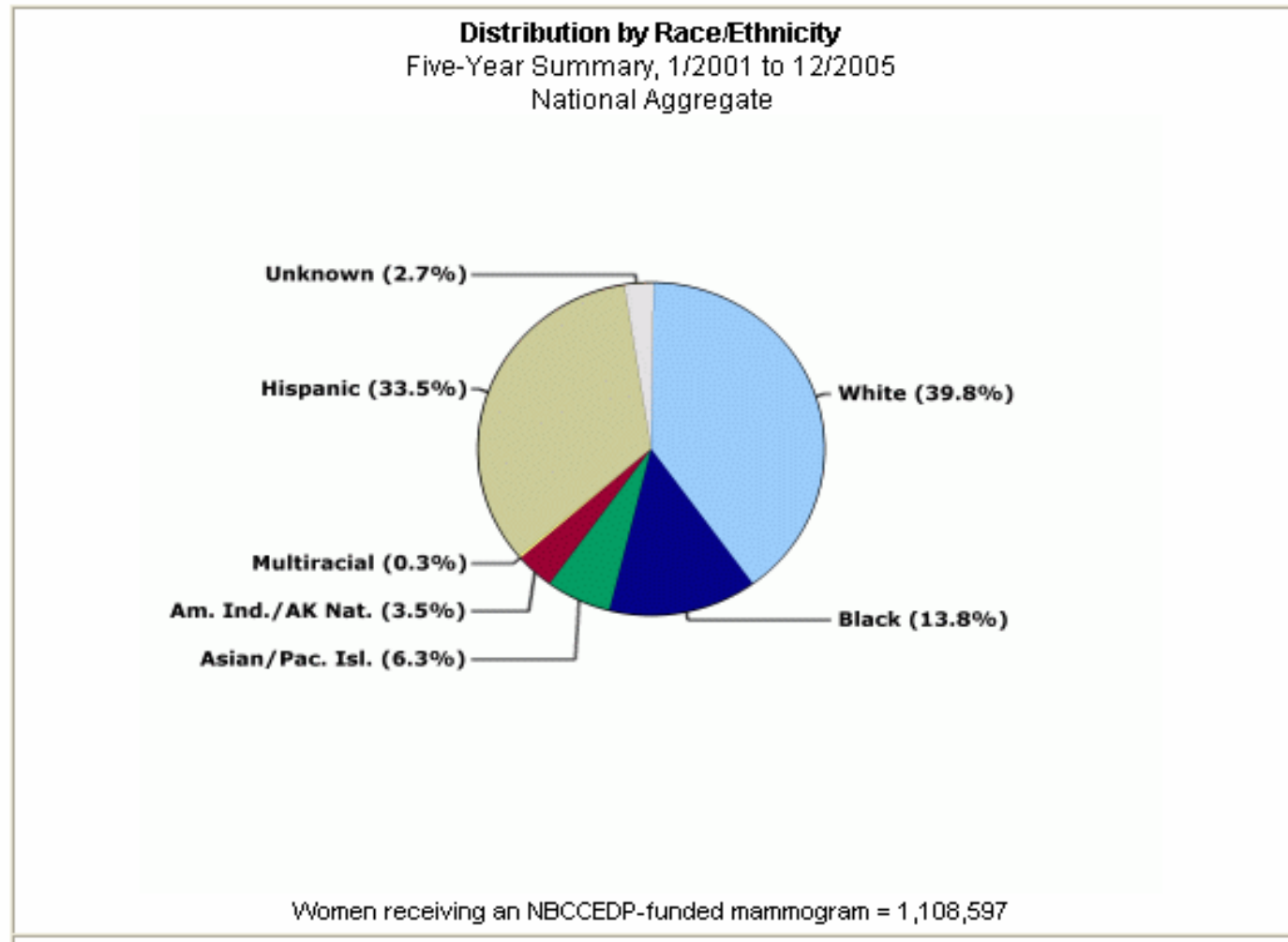
Screened indicates that a woman received at least one Program Pap, mammogram, or CBE in the fiscal year

Source: October 2006 Minimum Data Elements for screening through 06/30/2006 paid with NBCCEDP funds, National Breast & Cervical Cancer Early Detection Program

“Reach” of the NBCCEDP

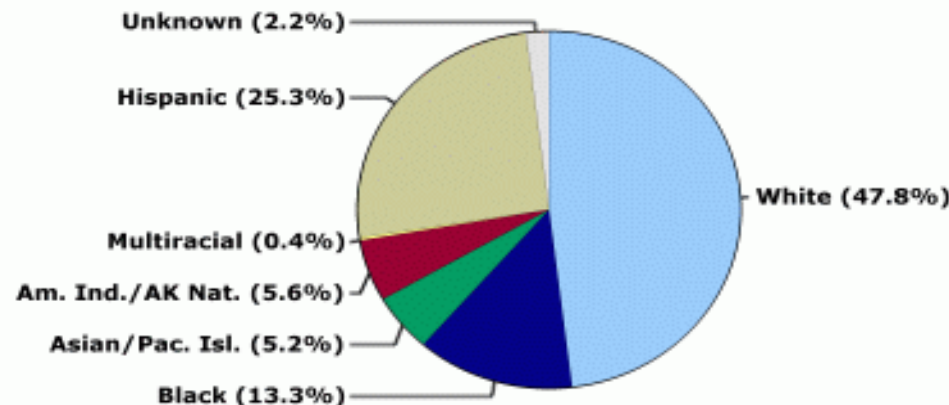
- BREAST CANCER SCREENING
 - 392,788 American women received mammography through the NBCCEDP in FY2005.
 - 4,920 breast cancers were found
- CERVICAL CANCER SCREENING
 - 340,542 American women received Pap testing, through the NBCCEDP in FY2005.
 - 4,915 high grade and invasive cervix lesions were found
- More than 750,000 episodes of service
- More than 600,000 individual women

Women Screened for Breast Cancer Through the NBCCEDP



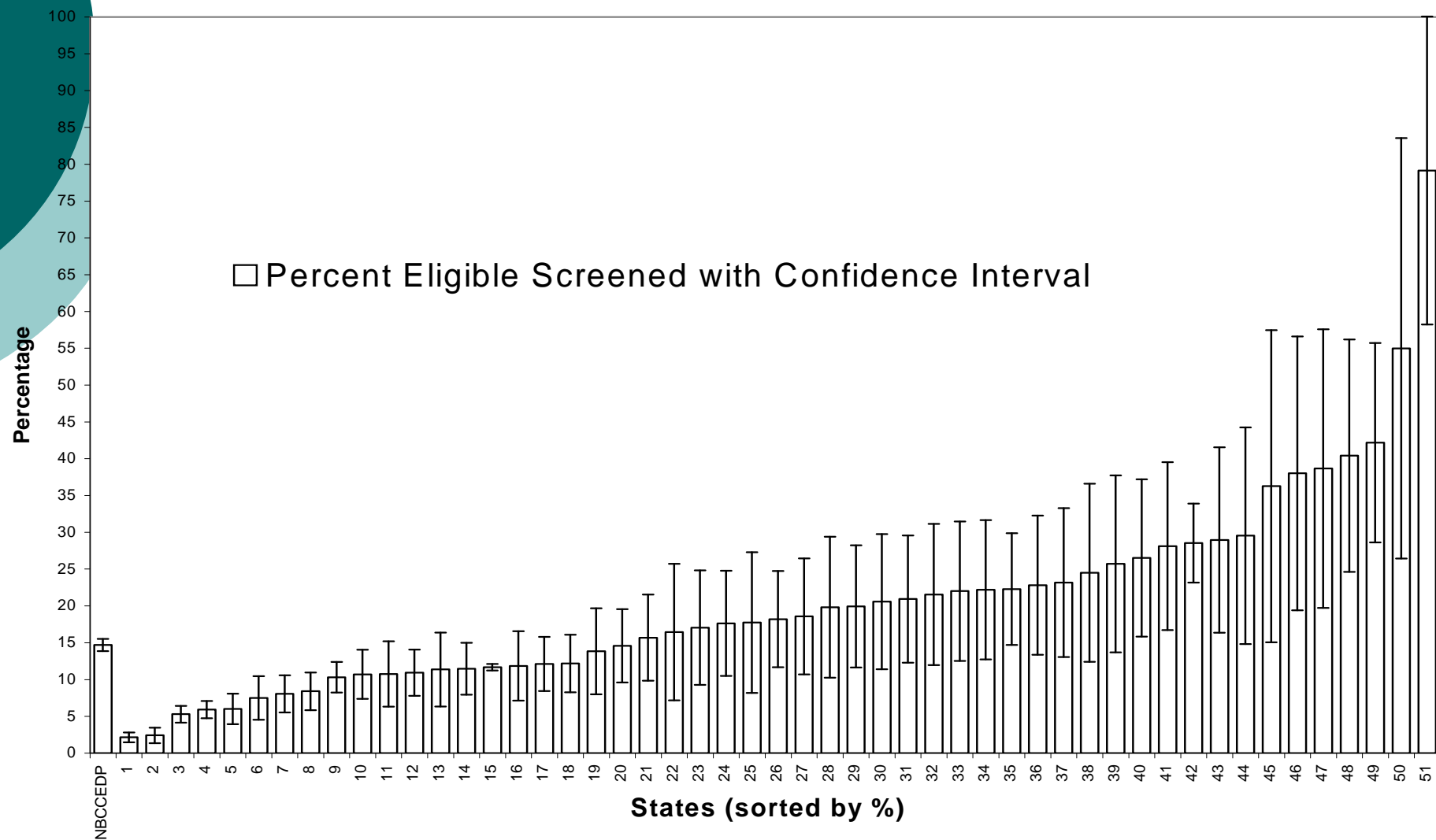
Women Screened for Cervical Cancer Through the NBCCEDP

Distribution by Race/Ethnicity
Five-Year Summary, 1/2001 to 12/2005
National Aggregate



Women receiving an NBCCEDP-funded Pap test = 1,064,865

Percentages of NBCCEDP Eligible Women Screened for Breast Cancer, by State and District of Columbia, Compared with the National Aggregate Percentage, 2002-2003

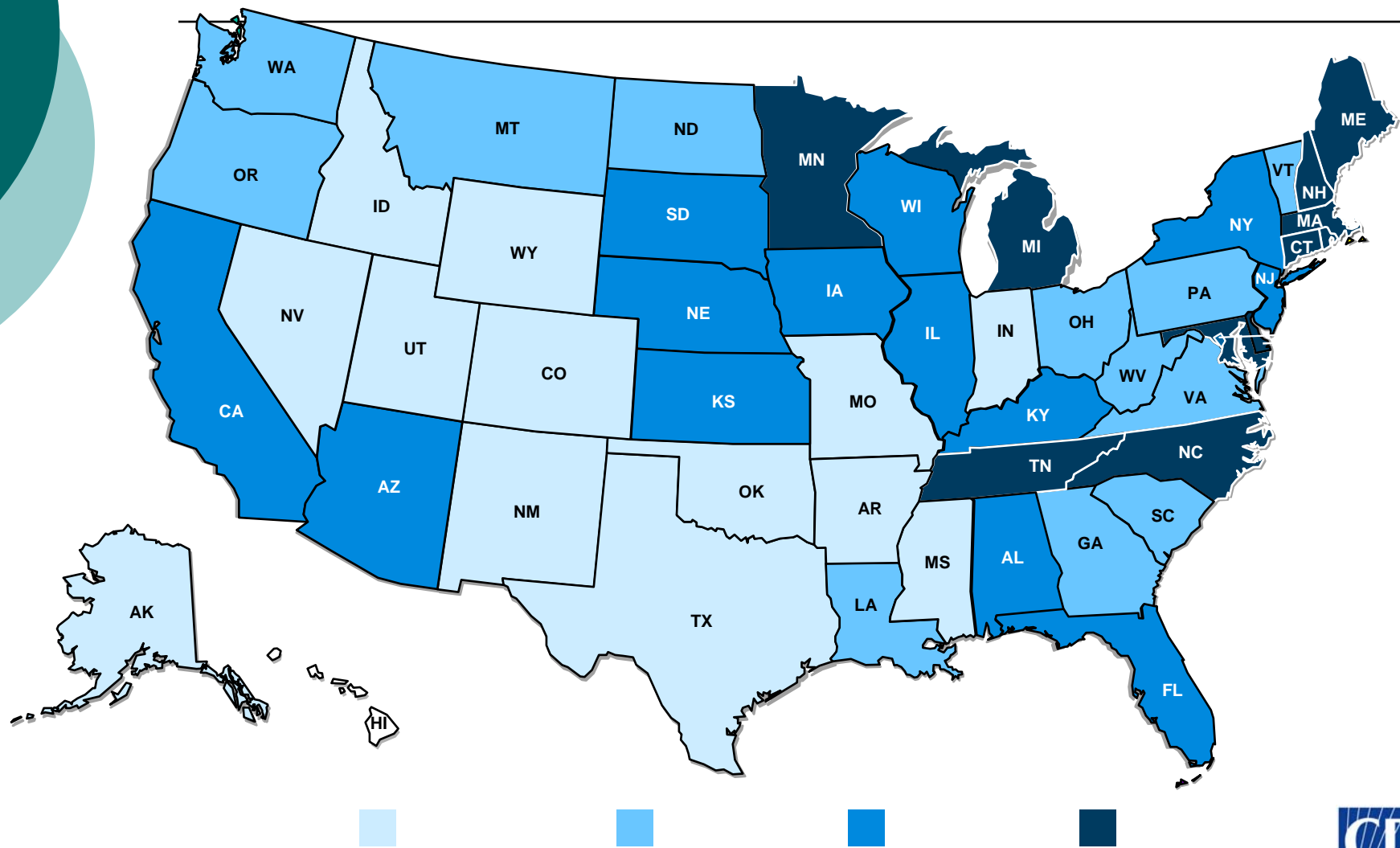




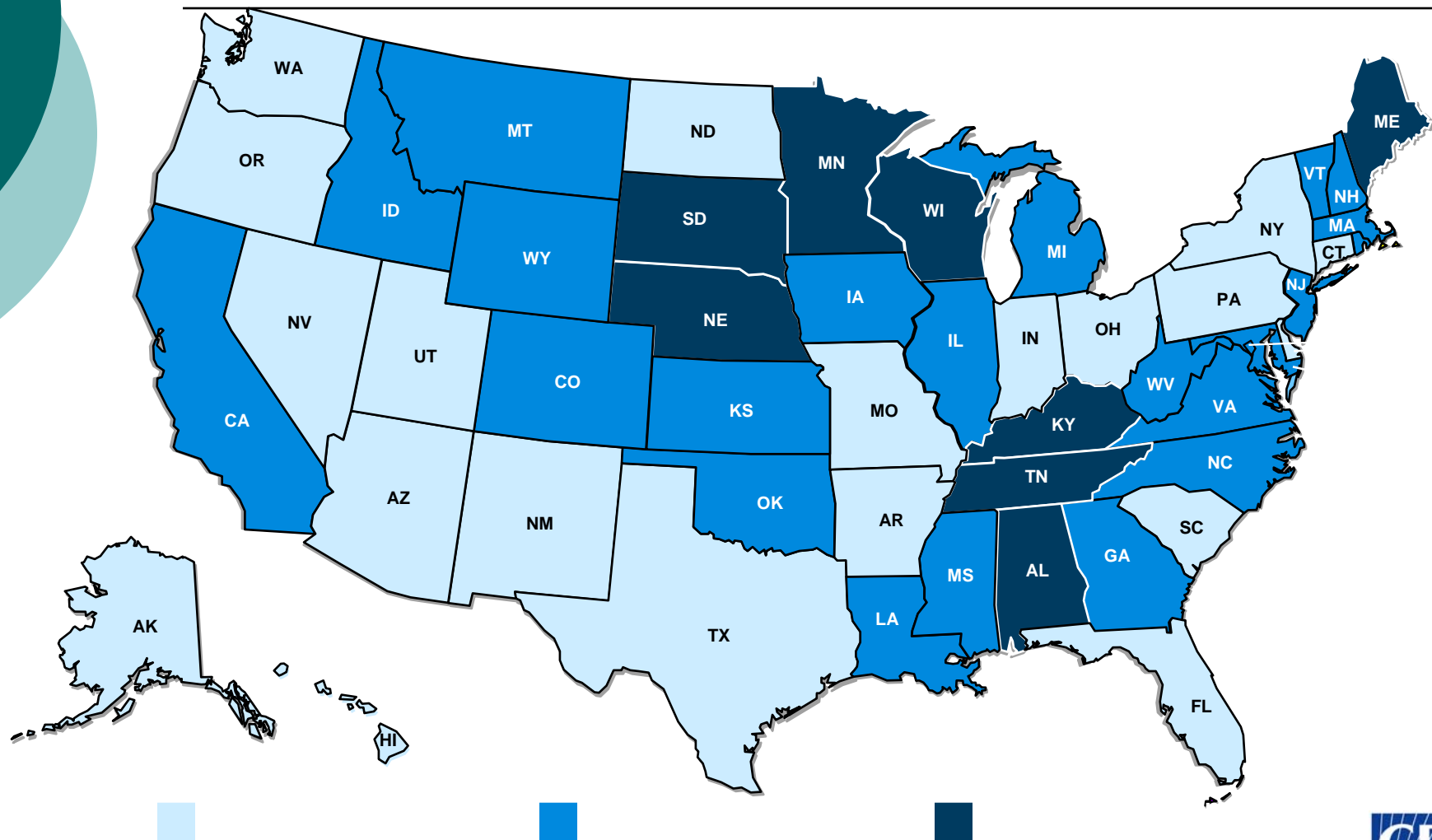
Number of Sites That Deliver Services: NBCCEDP: 2003 Data

○ Mammography Screening	6,367
○ Cervical Screening Only	1,653
○ Cervical Screening with CBE	10,265
○ Breast Diagnostic Services	8,347
○ Cervical Diagnostic Services	5,631
○ Total Unduplicated Sites	21,042
○ (any service)	

Percentage of Women Aged 40 Years and Older Who Reported Receiving a Mammogram Within the Past 2 Years by State, BRFSS, US, 2004



Estimated Annual Percent Change in Use of Mammograms by Women Age 40 and Older, by State, BRFSS, US, 1994-2004





Public Awareness: The First Step Towards Public Action

- Gynecologic Cancer Awareness Campaign
 - Expert panel meeting at SGO
 - Possible involvement of multiple partners
- Activities to reverse the recent downward trend in mammography screening
 - Disturbing downward trend in past 5 years
 - DCPC plans to address this, led by ADS Coates
- CDC Cancer Conference (August 2007)
 - Partnership issues
 - Workforce and policy matters
 - Emerging technologies



Percentage of Breast Cancer Attributable to 3 Modifiable Risk Factors

<u>Factor</u>	<u>%</u>
Being overweight (post-menopause)	9-13
Alcohol consumption	9
Physical inactivity	9-11

Lancet 2006; IARC 2002



The CDC/DCPC

- Focus has always been on the public health aspects of oncology:
 - Surveillance
 - Patient education
 - Health care provider education
 - Screening
 - Early detection
 - Risk reduction
 - Access to care
 - Survivorship
 - End of life
 - Reduction in health disparities
- Public health continues to be the focus of DCPC



Basic Questions:

- If we are to implement appropriate preventative services nationwide, **TO ELIMINATE HEALTH DISPARITIES**, how do we address the questions of:
- Do we have an evidence-based approach?
- Do we have the resources to do this?
- How should this be incorporated into common clinical/public health practice?
- Are there questions of biology that should be incorporated into our schema?



A question of evidence:

- **Breast, cervix, colon, prostate, skin, others?**
- **Benefit of early detection vs risks of the appropriate interventions**
- **Is “informed decision making” possible in today’s health care environment?**



A question of resources:

- **Seeff and Nadel,.....**
- **If every person appropriate for colon cancer screening were to seek that service, do we have the capacity to meet the needs of the population?**
- **How do we address this issue FOR:**
 - **Breast ca screening (MRI , digital, etc)**
 - **HPV vaccine dissemination**



A question of “practice”:

- **Woolf and Johnson; Ann Fam Med 3:545-552, 2005**
- **At what point does “delivery” of services, become more important than technological advance?**

A question of biology:

- Haiman CA, et al; NEJM 354:333-342, 2006
- There are ethnic differences in the observed rates at which cigarettes cause lung cancer:
 - African Americans (RR=1.0) >>
 - Whites (RR=.45-.57) >>
 - Japanese and Latino Americans (RR=.21-.39)
- True biology vs co-factors???????
- Other diseases where “biology” may be important; prostate? Breast? Ovary?
 - Basal-cell histology breast cancer
 - Triple-negative breast ca (ER-, PR-, Erb2-)



Low Tech vs High Tech

- Low tech ideas tend to be very useful, in terms of risk reduction and early detection
 - Tobacco cessation, weight control, alcohol use
 - Exercise, and increase veg's and fruits in diet
 - Pap smears and LBT's
 - Standard mammography (vs digital)
- High tech ideas have become prominent in terms of treatment
- Effective "low tech implementation", can result in markedly reduced need for "high tech"



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